

<b>CLAIMS ONLY</b>							SERIAL NO.		FILING DATE		
							APPLICANT(S)				
<b>CLAIMS</b>											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1							51				
2							52				
3							53				
4							54				
5							55				
6							56				
7							57				
8							58				
9							59				
10							60				
11							61				
12							62				
13							63				
14							64				
15							65				
16							66				
17							67				
18	1						68				
19		1					69				
20			1				70				
21				1			71				
22					1		72				
23						1	73				
24							74				
25							75				
26							76				
27							77				
28							78				
29							79				
30							80				
31							81				
32							82				
33							83				
34							84				
35							85				
36							86				
37							87				
38							88				
39							89				
40	1						90				
41		1					91				
42			1				92				
43				1			93				
44					1		94				
45						1	95				
46							96				
47							97				
48							98				
49							99				
50							100				
<b>TOTAL IND.</b>							<b>TOTAL IND.</b>				
<b>TOTAL DEP.</b>							<b>TOTAL DEP.</b>				
<b>TOTAL CLAIMS</b>							<b>TOTAL CLAIMS</b>				
* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS											